DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: JOSHUA GLOVER CENTER (310085) Address: 2105 N BOOTH ST, MILWAUKEE, WI 53212

License Status: REGULAR

Licensed/Certified/Registered 01/31/1984

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0094339 End Date: 03/18/2005 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091983 End Date: 01/15/2004 Type: STANDARD Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008955 Served 02/21/2004

<u>Compliance</u>

Deficiencies CitedSubject AreaVerifiedCorrected83.35(10)(c)DISPOSABLE UTENSILS NOT REUSED03/18/2005Yes

DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History

Date Complaint Received: 02/21/2005 Date Investigation Completed: 03/18/2005

Subject Area(s) Result SOD #

ABUSE NOT SUBSTANTIATED